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The Community Hospital Telehealth Consortium is a unique, forward-thinking, community-based healthcare service project organized around 5 not-for-profit community hospitals located throughout Louisiana and Mississippi. The central tenet of the CHTC project is the utilization of TeleHealth technology to improve and expand the opportunity for rural and urban underserved populations to receive quality, affordable health care. The CHTC's goals are to improve quality of and access to health care, to reduce system costs without jeopardizing outcomes, to position Louisiana and Mississippi for the emerging domestic marketplace, and to position Louisiana and Mississippi for the international marketplace. Considerable progress has been made in the second year of the project through our Telemedicine Clinics, our Home Health Telehealth initiatives, and our distance learning initiatives.

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CHTC - Community Hospital Telehealth Consortium

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Table of Contents

Cover.....1

SF 298.....2

Table of Contents.....3

Introduction.....4

Body.....5

Conclusions.....9

Appendices.....10

INTRODUCTION

The Community Hospital TeleHealth Consortium (CHTC) is a unique, forward-thinking, community-based healthcare service project organized around 5 not-for-profit community hospitals located throughout Louisiana and Mississippi. These hospitals are

- Lake Charles Memorial Hospital, Lake Charles, Louisiana
- Our Lady of Lourdes Regional Medical Center, Lafayette, Louisiana
- Our Lady of the Lake Regional Medical Center, Baton Rouge, Louisiana
- Slidell Memorial Hospital, Slidell, Louisiana
- North Mississippi Health Services, Tupelo, Mississippi

This multi-hospital collaboration breaks from the traditional structure of a TeleHealth network, giving the CHTC a unique diversity, which is its greatest strength. Each of the five project member hospitals has developed its own individual network with several satellite sites and a specialty focus based on specific regional needs.

BODY

The Community Hospital Telehealth Consortium is made up of 5 Community Hospitals in Louisiana and North Mississippi. Each hospital is a hub site and has developed spoke sites in its respective region in order to meet the unique needs of the community it serves.

Following is a description of the networks developed in each region.

- Lake Charles Memorial Hospital serves as the lead agency, coordinating the efforts of the entire consortium and overseeing the distribution of grant funds and the collection of outcomes. LCMH is a multi-specialty hospital with 362 beds and 300 physicians on staff that provides psychiatry consults to Leesville Developmental Center and Southwest Louisiana Developmental Center and serves as a referring site for ocular plastics. It is also a provider of distance-learning opportunities. Remote sites include 7 rural libraries in Cameron and Beauregard Parishes, 1 small hospital in Leesville, LA.
- Our Lady of the Lake RMC is a multi-specialty facility with 852 beds and 300 physicians that provides distance-learning opportunities, specialty consults to the Scotlandville Clinic, serves as a hub for home health consults and provides distance learning and clinical applications to St. Joseph's Academy.
- Our Lady of Lourdes RMC is a multi-specialty facility with 293 beds and 420 physicians that serves as a hub for administrative meetings, continuing medical education, community health education and distance learning for Abbeville, Church Point, Crowley, Eunice, New Iberia, and Ville Platte.
- Slidell Memorial Hospital is a multi-specialty facility with 182 beds and 279 physicians that serves as a hub site for specialty consultations for the Picayune Family Practice Clinic and for medical and community health education and distance learning.
- North Mississippi Health Services is a multi-specialty facility with 650 beds and 300 physicians that serves as a consulting site for general health screenings, clinics, home health care, and education for school-based telehealth.

The CHTC finds that as it completes the third year into the contract period it has made significant progress towards the deliverables established in the project proposal. The following is a progress report on each specific deliverable proposed:

2.1 Telemedicine clinics serving a minimum of five (5) patients per month including the following specialties:

- **TelePsychiatry**—
 - Lake Charles Memorial provides Tele-Psychiatry Clinics to Leesville Developmental Center and Southwest Louisiana Developmental Center. While Lake Charles Memorial Hospital experienced a moratorium on tele-psychiatry clinics due to administrative issues/decisions at both patient sites, the need for this service was re-established in late 2004, and clinics resumed during first quarter, 2005. 3 patients have been served in this clinic during the period covered in this report. LCMH projects an average of 5 patient encounters/month for the upcoming year.
- **TeleCardiology**—Lake Charles Memorial Hospital had negotiated a contract with Phelps Correctional Facility for the provision of Telecardiology in the correctional setting, however the state university system has started a program to service all of the state correctional centers, and negotiations are at a standstill. We are currently seeking new partners for this project.
- **Home Health**—
 - North Mississippi Health Services continues a TeleHealth Home Health Care project in the first quarter of 2004. Telehealth equipment is currently being used in conjunction with nursing visits to treat patients with the following disease processes, but not restricted to: cardiac diagnoses, diabetes, chronic pain, psychiatric disorders, wounds, and respiratory diagnoses. These patients may reside in a rural or urban setting. Data is being and will continue to be analyzed to determine the impact on outcomes. There are 4 Home Health branches, each having a central monitoring unit.
 - North Mississippi Health Services has also implemented a wound care project through home care. Home health nurses visit patients at home with various wounds. Those wounds are photographed and transmitted digitally to the wound care center for assessment of wound healing progress. This is now their highest volume clinical application.
 - Our Lady of Lourdes Regional Medical Center has also initiated a TeleHealth Home Health Care project in the first quarter of 2004. Thus far, one patient has met criteria for use of the equipment and was seen weekly in March. The goal of this project is to reduce hospitalizations in the patient population. The first patient has not been hospitalized since the initiation of the project. Lourdes is currently seeking other patients to participate in the project.
- **Ocular Plastics**—
 - Lake Charles Memorial Hospital is serving as a remote referring site for Ocular Plastics Clinics, connecting local patients with an Ocular Plastics specialist in the New Orleans area. Referring and consulting providers are satisfied with clinic outcomes, and patients consistently report satisfaction, and time and travel costs saved. Because of consistent scheduling conflicts,

both providers have elected not to continue scheduled clinics; however, they will use the equipment on a case by case basis should the need arrive.

- **Family Practice—**
 - North Mississippi Health Services has linked with six rural schools and is providing Family Practice consults via this medium. This raises the level of expertise available to the school nurses. 61 students have been seen during this reporting period.

2.2 Telemedicine clinics which address specific needs in rural areas, including

- A rural prison system—As stated above we are currently seeking new partners for this project. Some of the pitfalls/challenges encountered in engaging the interest of correctional facilities in Telemedicine are:
 - Some correctional institution officials are expressing interest, but are hesitant to commit
 - Some correctional facilities have contracts with other providers for face-to-face treatment
 - State-wide Regional Hospital/Healthcare Network provides services for free, (we have yet to convince them of cost savings relative to transportation and security)

We are hopeful that once we can achieve one correctional clinic, we will have pilot data to present to the other facilities that we have approached.

- A rural school system—North Mississippi Health Services is supplying Telehealth Support to the School Nurse Program in six schools in northeast Mississippi: Belmont, Slatton, North and South Pontotoc, Plantersville, and Okalona. The school nurse program was started to help improve the health of the children in our region, and in conjunction with the Catch Kids program has had an effect on providing affordable health care to the rural medically underserved population. The telehealth system connects the Nurse and student with a medical residency doctor or teaching staff member to help diagnose and provide treatment. Working with the Catch Kids program, medication is prescribed and made available free of charge to young patients who would otherwise be unable to pay.

2.3 Further expansion of our regional network visibility and ability for further rural outreach by adding at least one (1) new Mississippi hospital to our consortium during the contract period—At this time this goal has not been accomplished.

2.4 Any and all funding reporting requested by TATRC—Quarterly reports detailing budget activity have been submitted to date.

2.5 All data generated as a result of telemedicine clinics during the contract period—The following demographic data relative to our clinics has been collected and aggregated:

Patient Encounters/Month:

2 Quarter 2004: 577 pts/mo.
3 Quarter 2004: 142 pts/mo.
4 Quarter 2004: 10 pts/mo.
1 Quarter 2005: 7 pts/mo.

2.6 All outcomes measured during the contract period.

Clinical Usage:

Quarter	Connections	Clients Served
2 Q 2004	36	1165
3 Q 2004	34	425
4 Q 2004	5	30**
1 Q 2005	5	21**

**Because North Mississippi Health Services experienced a restructure in their Home Health department, data for the last two quarters of this reporting period is slow coming. As we receive additional data we expect 4 Q 2004 and 1 Q 2005 numbers to increase. Upon receipt of this additional data, we will forward a revised copy of this page to the appropriate recipients immediately.

Distance-learning/Administrative Uses:

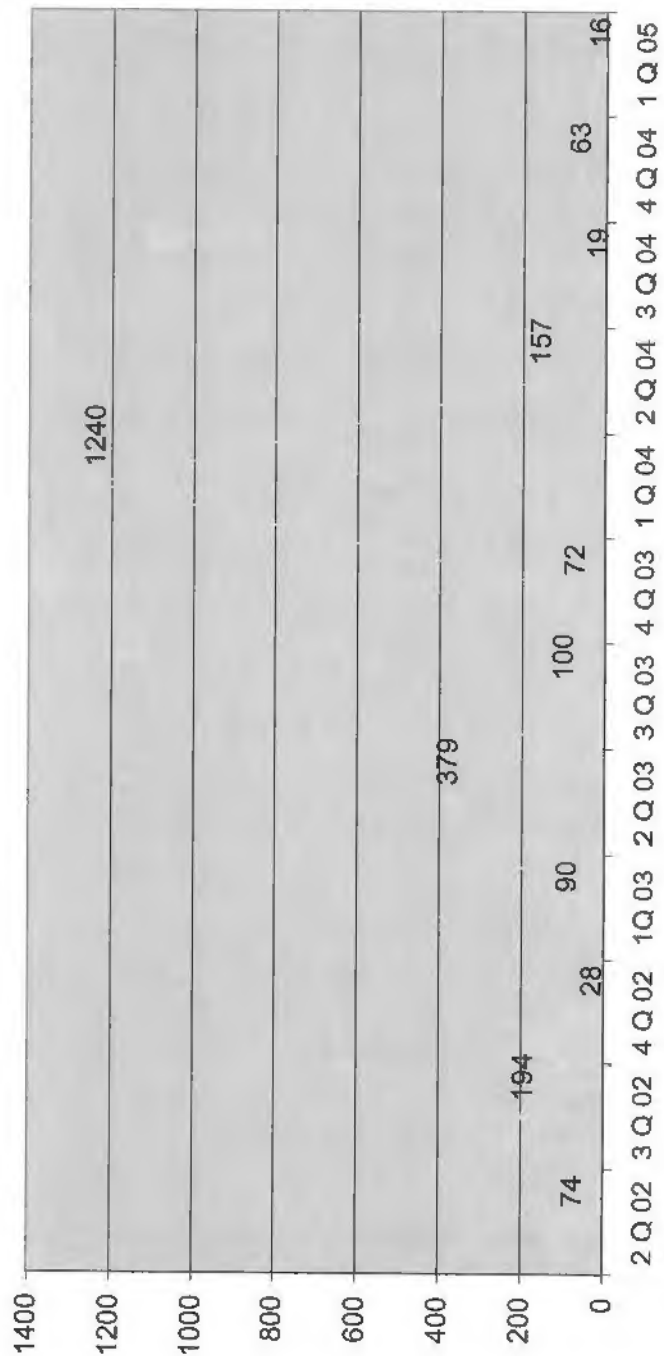
Quarter	Non-Clinical Connections	Individuals Served
2 Q 2004	90	1544
3 Q 2004	61	883
4 Q 2004	79	1233
1 Q 2005	35	586

CONCLUSION/SO WHAT?

The CHTC is a unique, forward-thinking entity that has made significant strides in achieving its goals over the past year. Telemedicine clinics have been initiated, and improved health outcomes have been achieved. The CHTC hub sites have served local regions, and providers and patients have expressed satisfaction with processes and outcomes. Patients have been evaluated by consulting specialist providers without the negative aspects of travel to metropolitan areas and its associated costs. Distance learning programs have afforded professionals in the outlying/rural communities the opportunity to gain interactive educational benefits previously unavailable without travel. Federal funding in the form of Grants is fundamentally supporting the efforts of communities to build telehealth infrastructure, and to pilot processes that will ultimately improve the access and quality of health care well into the future.

Community Hospital TeleHealth Consortium
Annual Report
4/1/2003—3/31/2005

Individuals Served--Community Ed

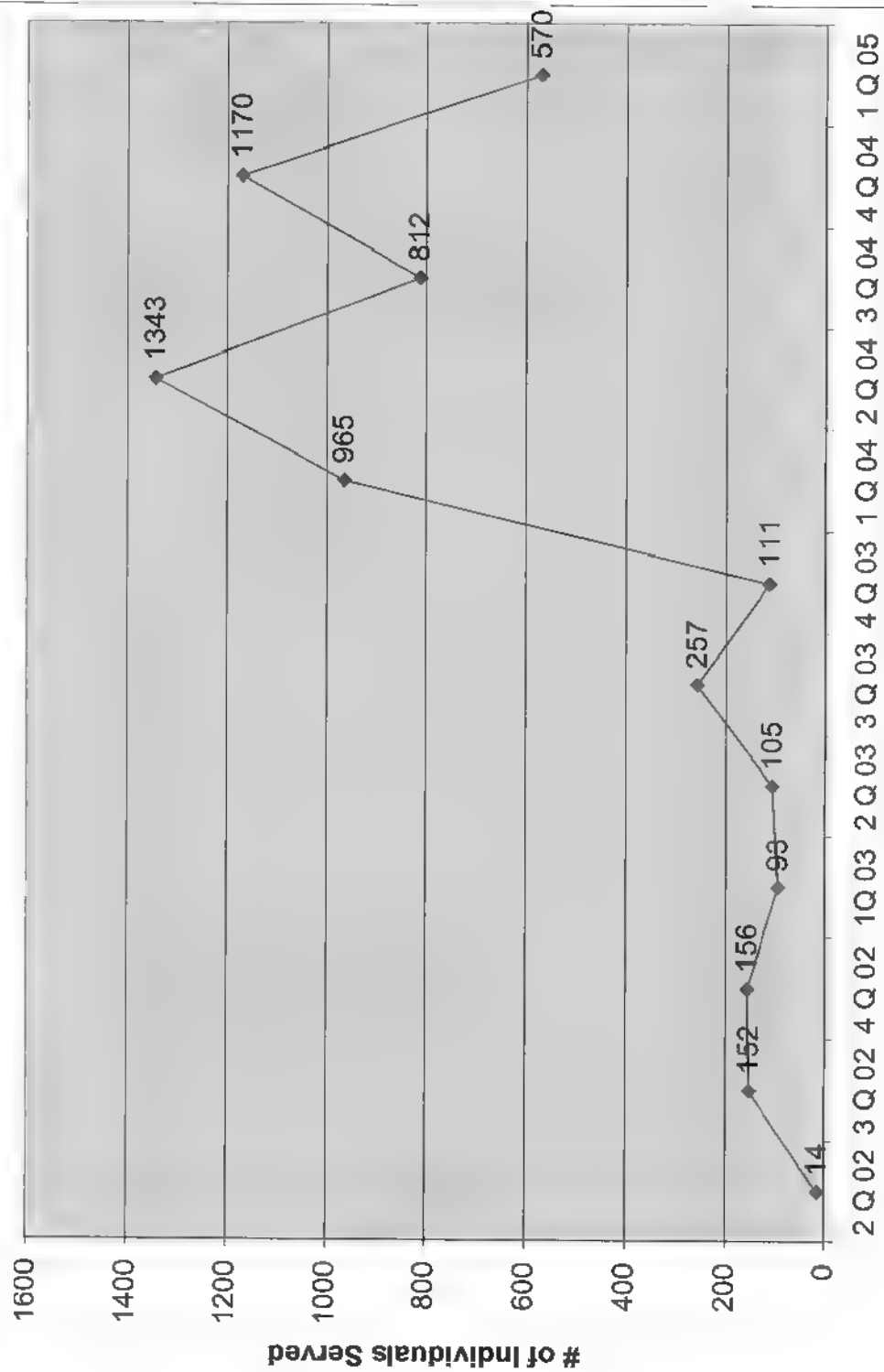


Community Hospital TeleHealth Consortium

Annual Report

4 1/2003—3/31/2005

Individuals Served -- Continuing Ed

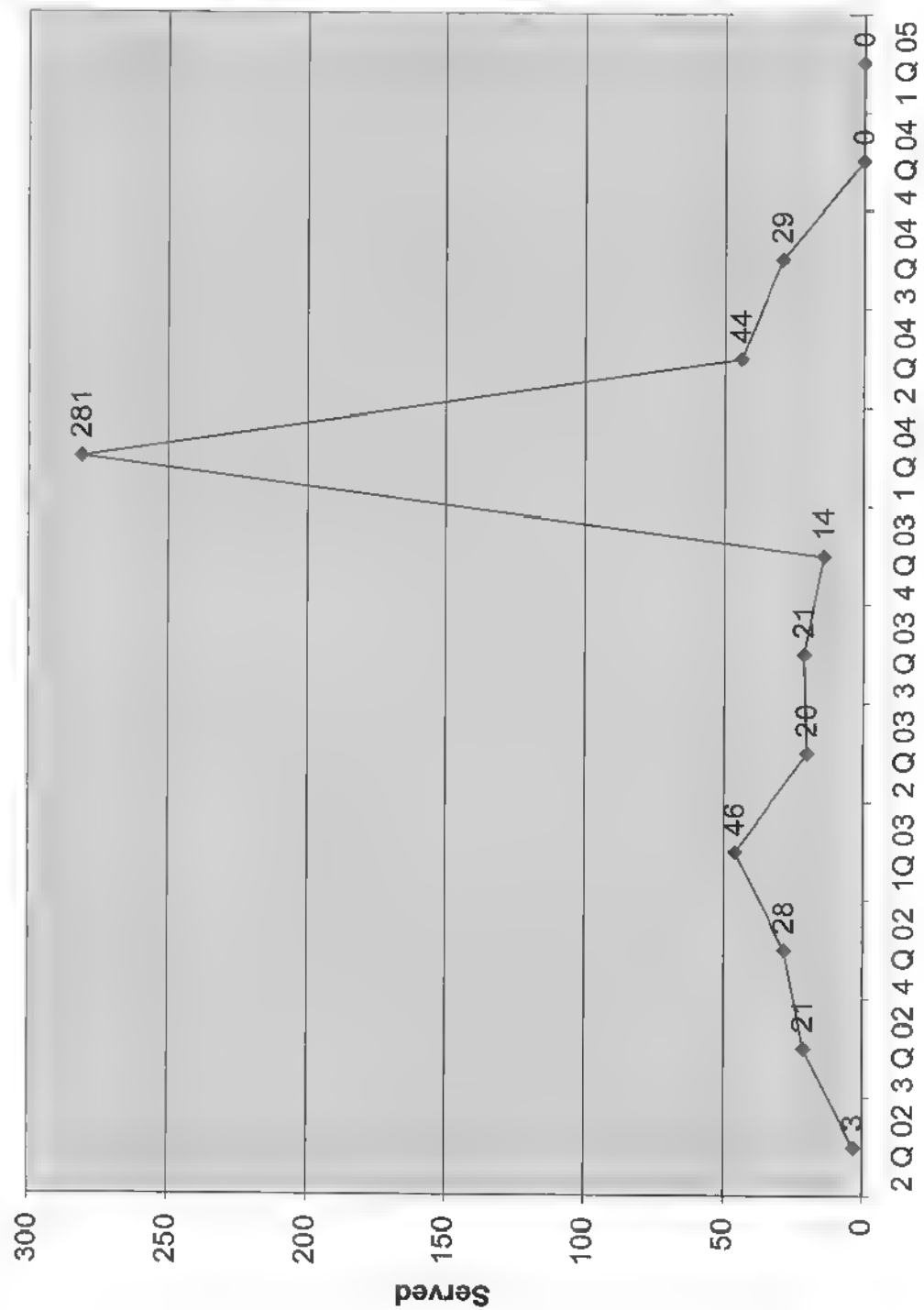


Community Hospital TeleHealth Consortium

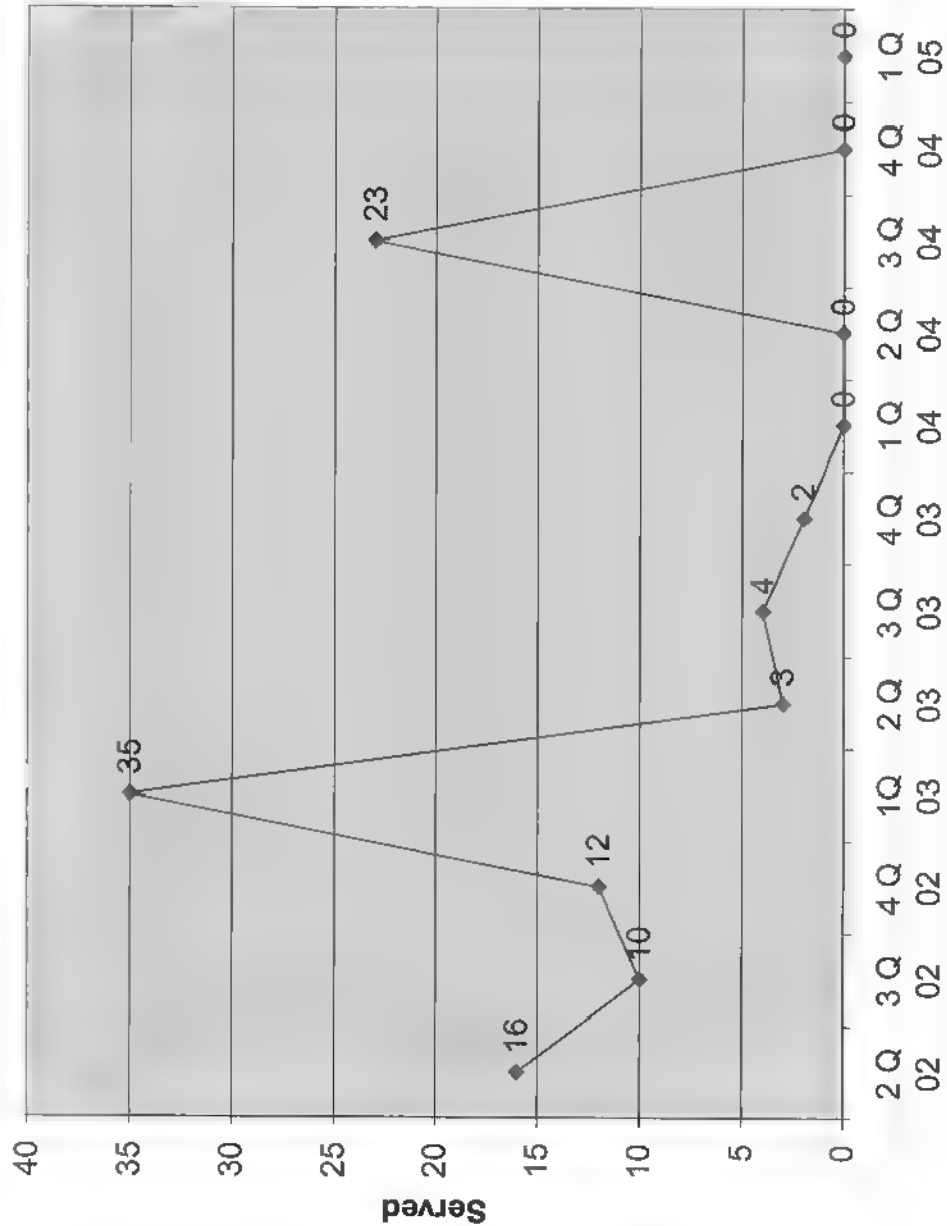
Annual Report

4 1/2003 - 3 31/2005

Individuals served--Administrative Uses

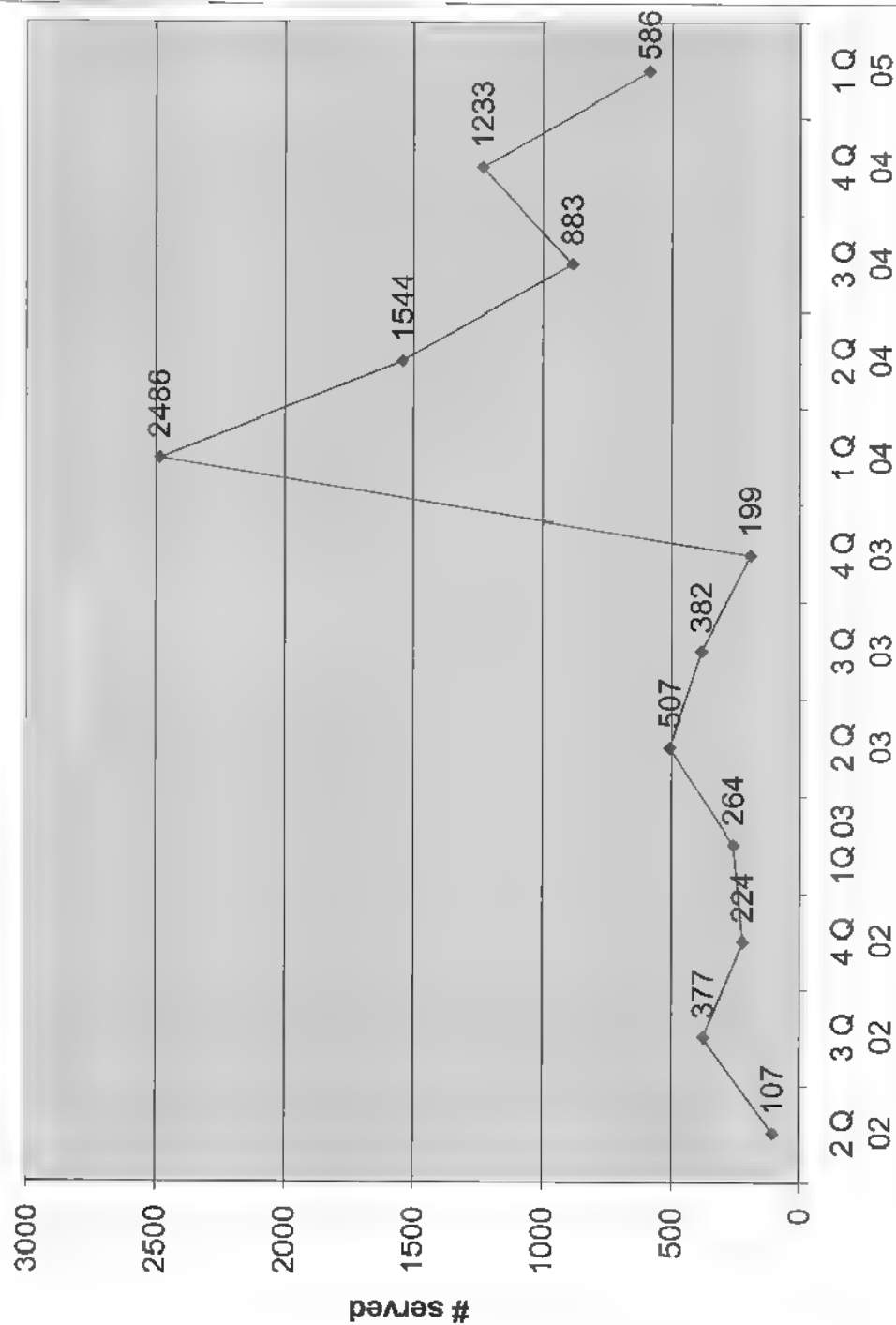


Individuals Served--Demos

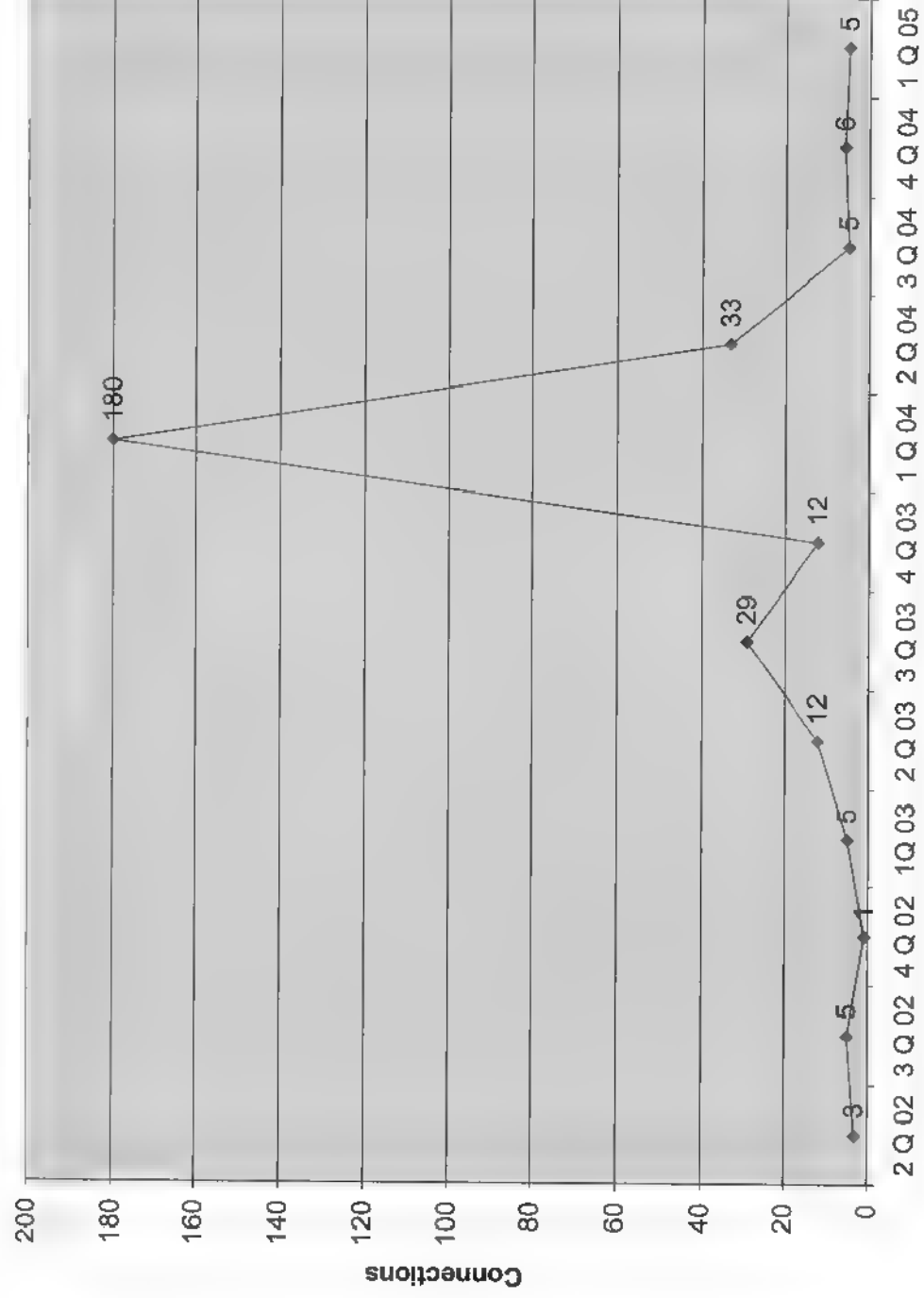


Community Hospital TeleHealth Consortium
Annual Report
4/1/2003—3/31/2005

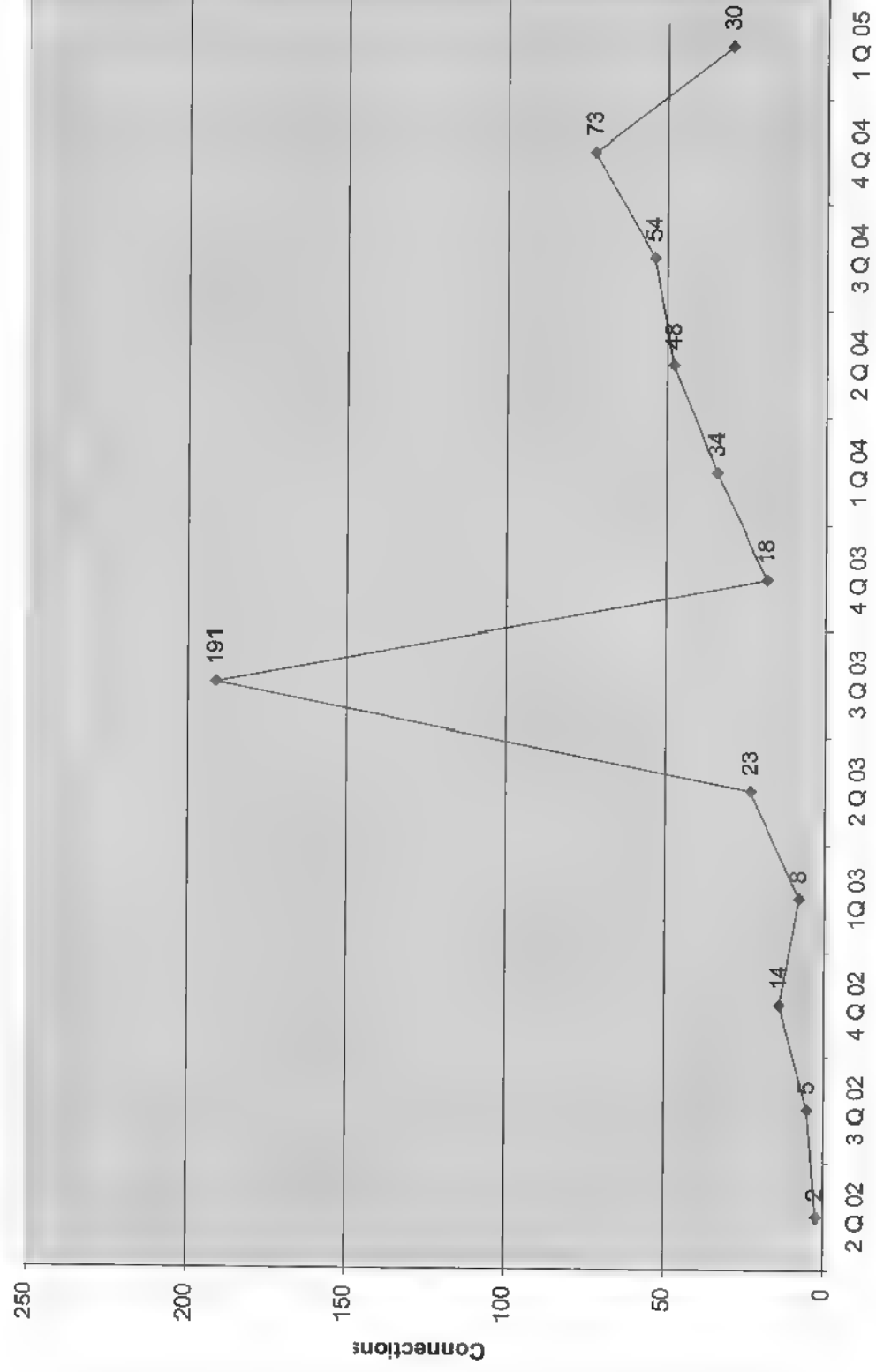
Individuals Served--Non-Clinical



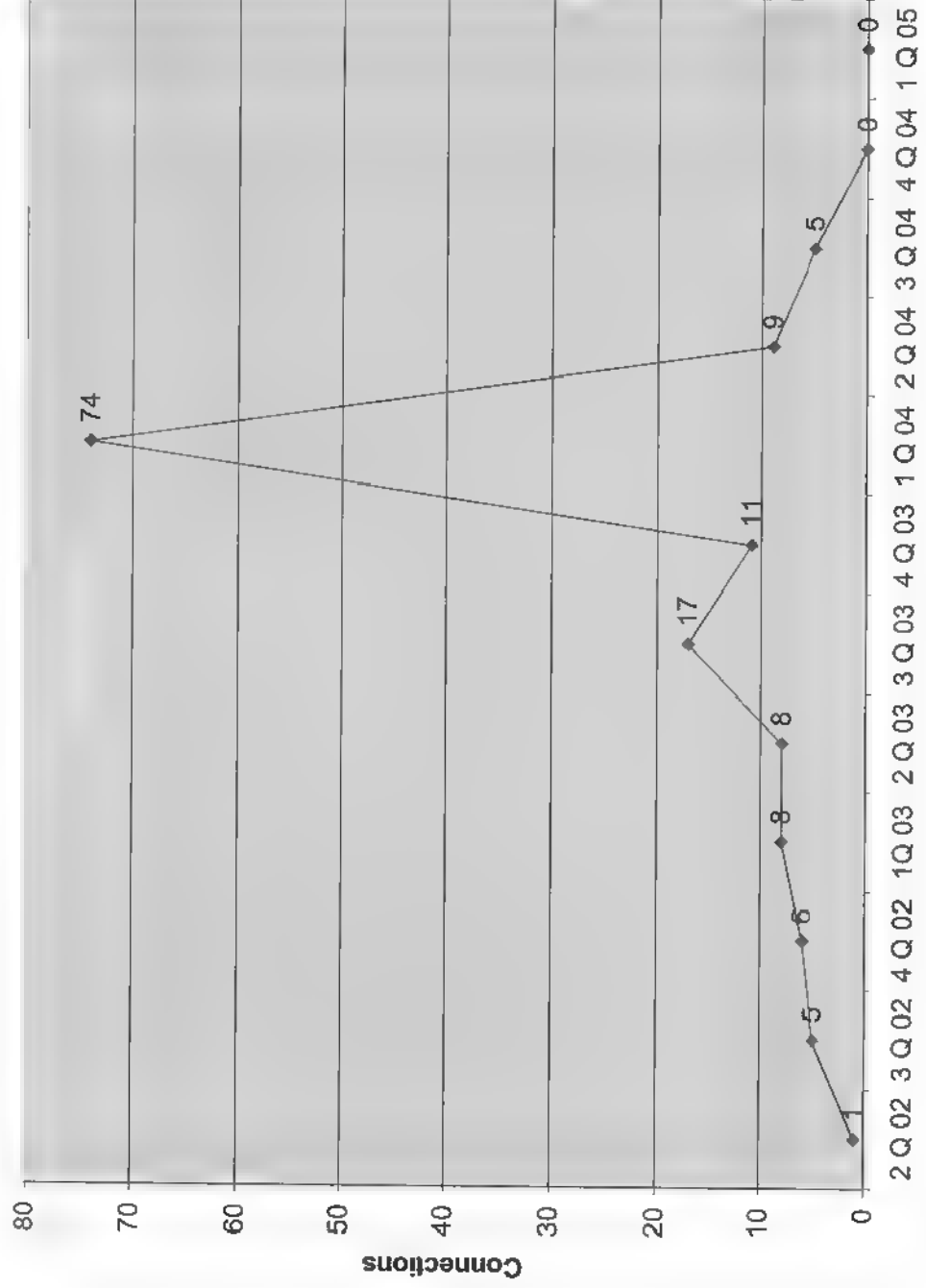
Community Ed Connections



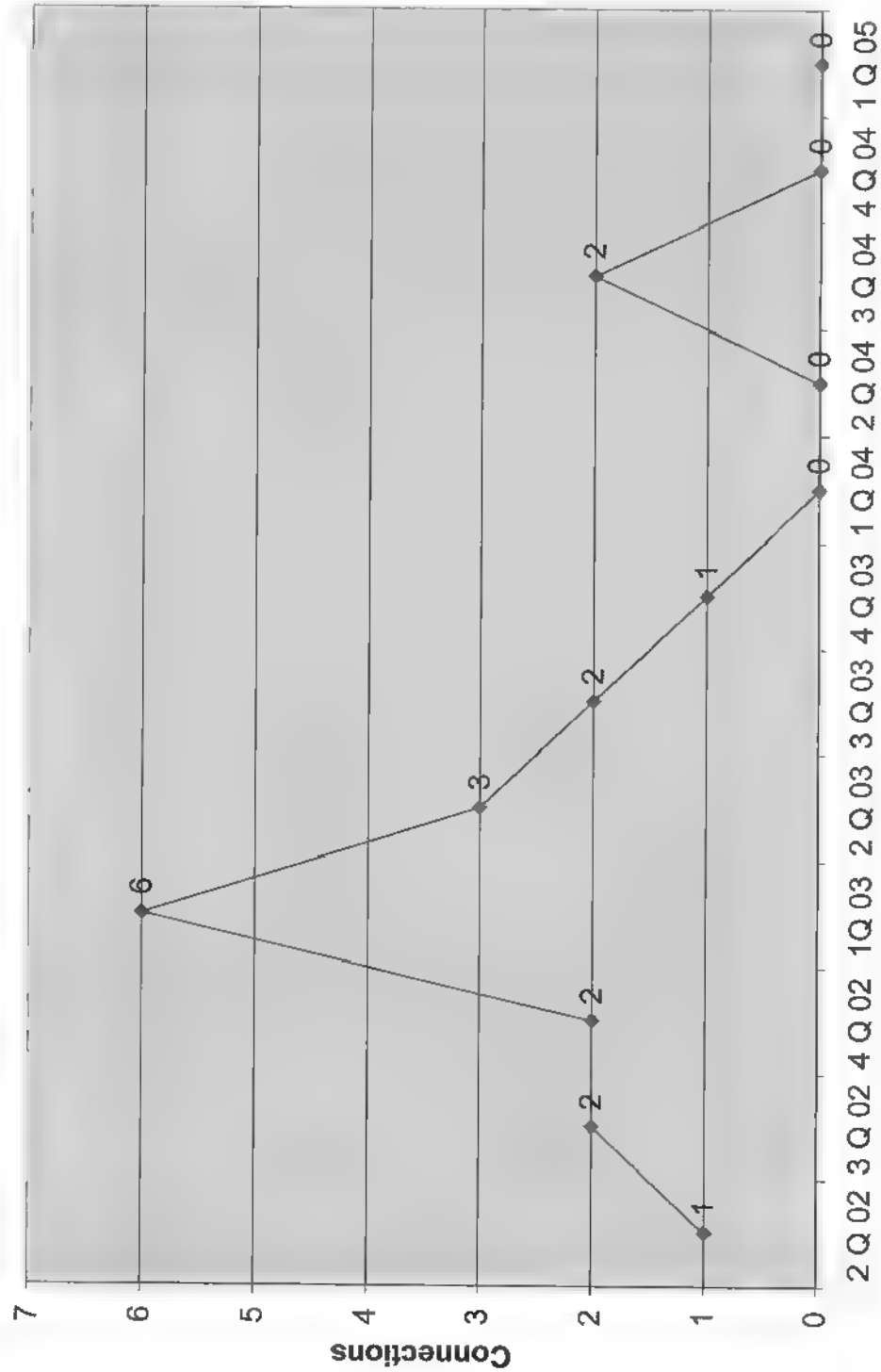
Number of Connections-Continuing Ed



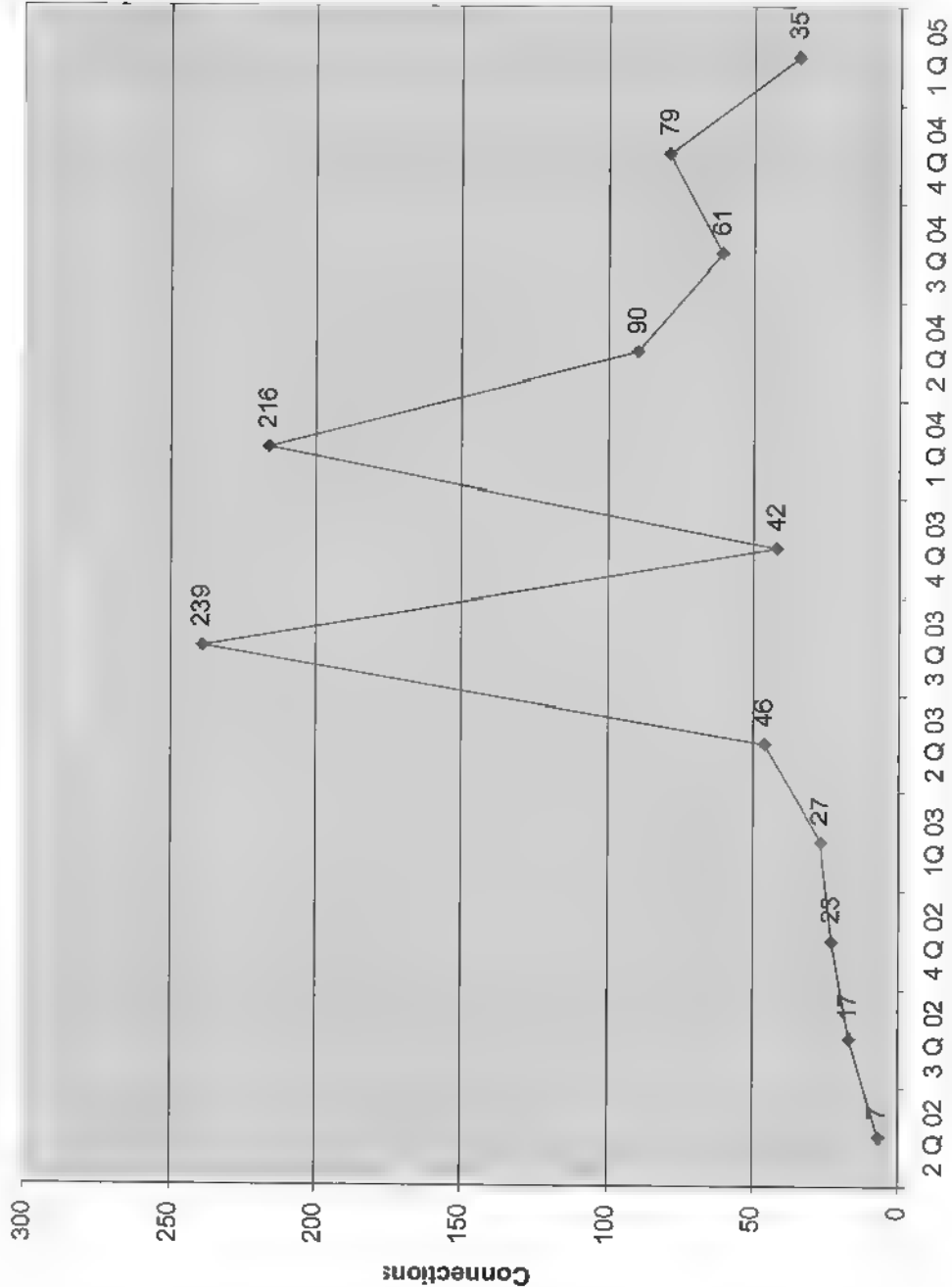
Number of Connections—Administrative Uses



Number of Connections--Demos

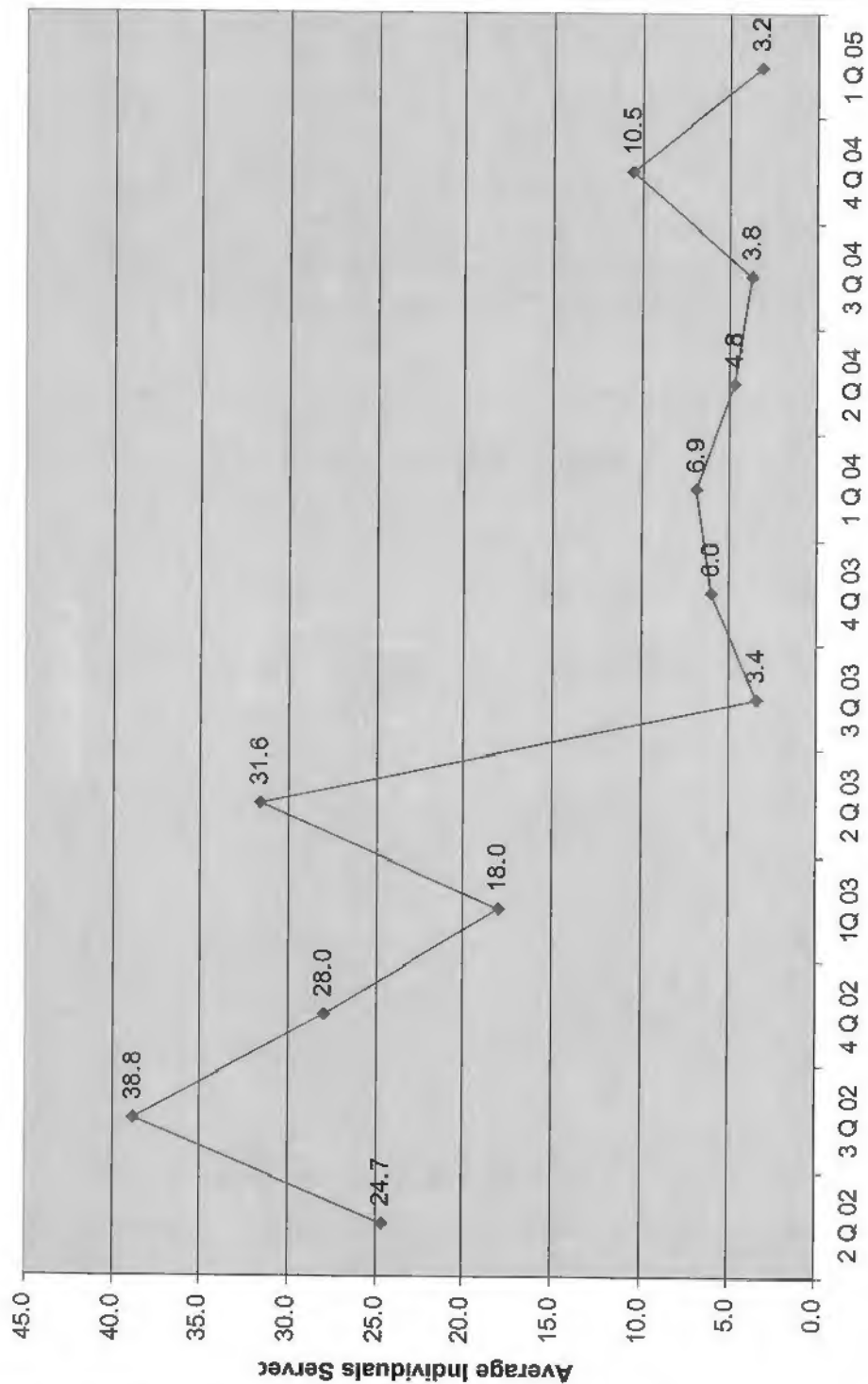


Number of Non-Clinical Connections



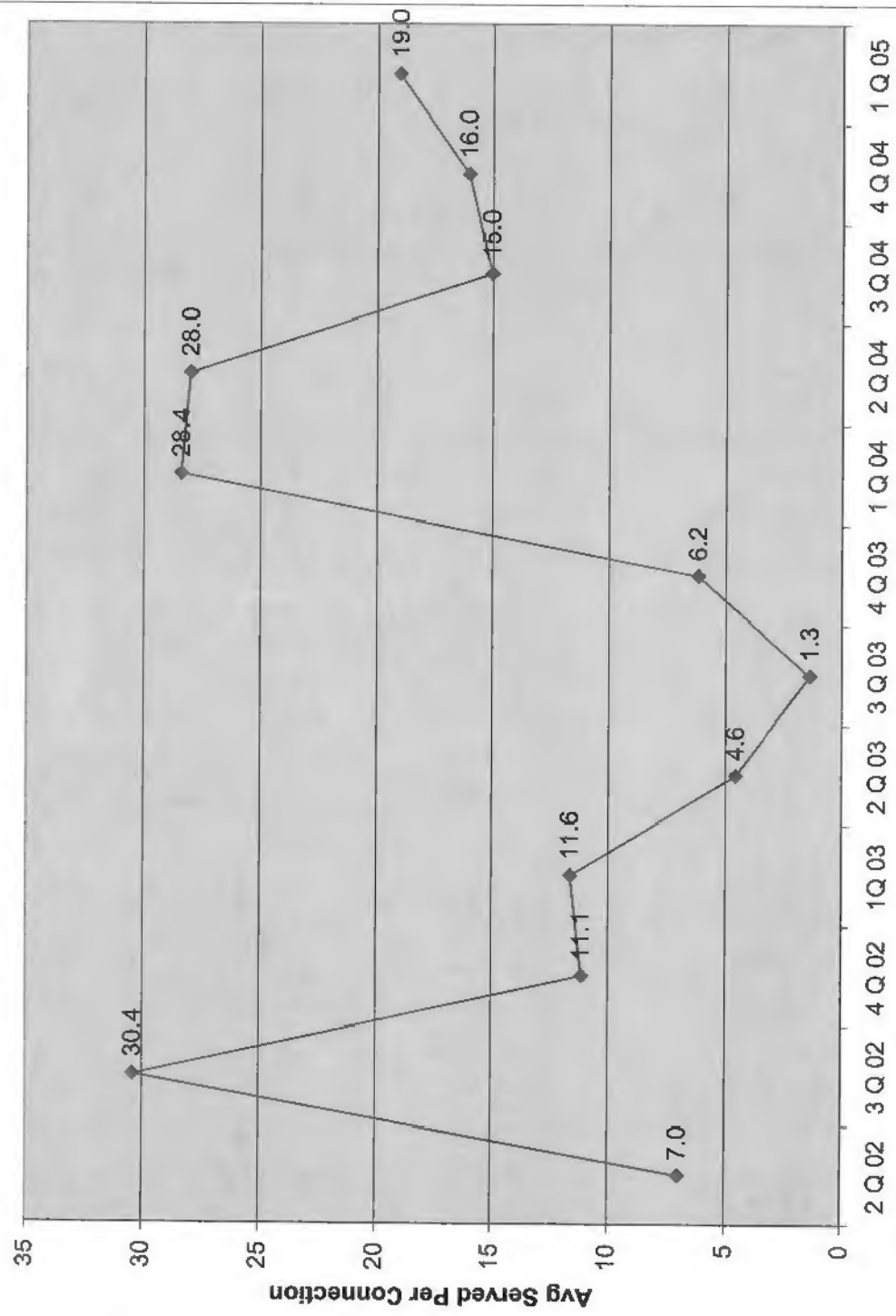
Community Hospital TeleHealth Consortium
Annual Report
4/1/2003—3/31/2005

Average Individuals Served Per Connection—Community Ed



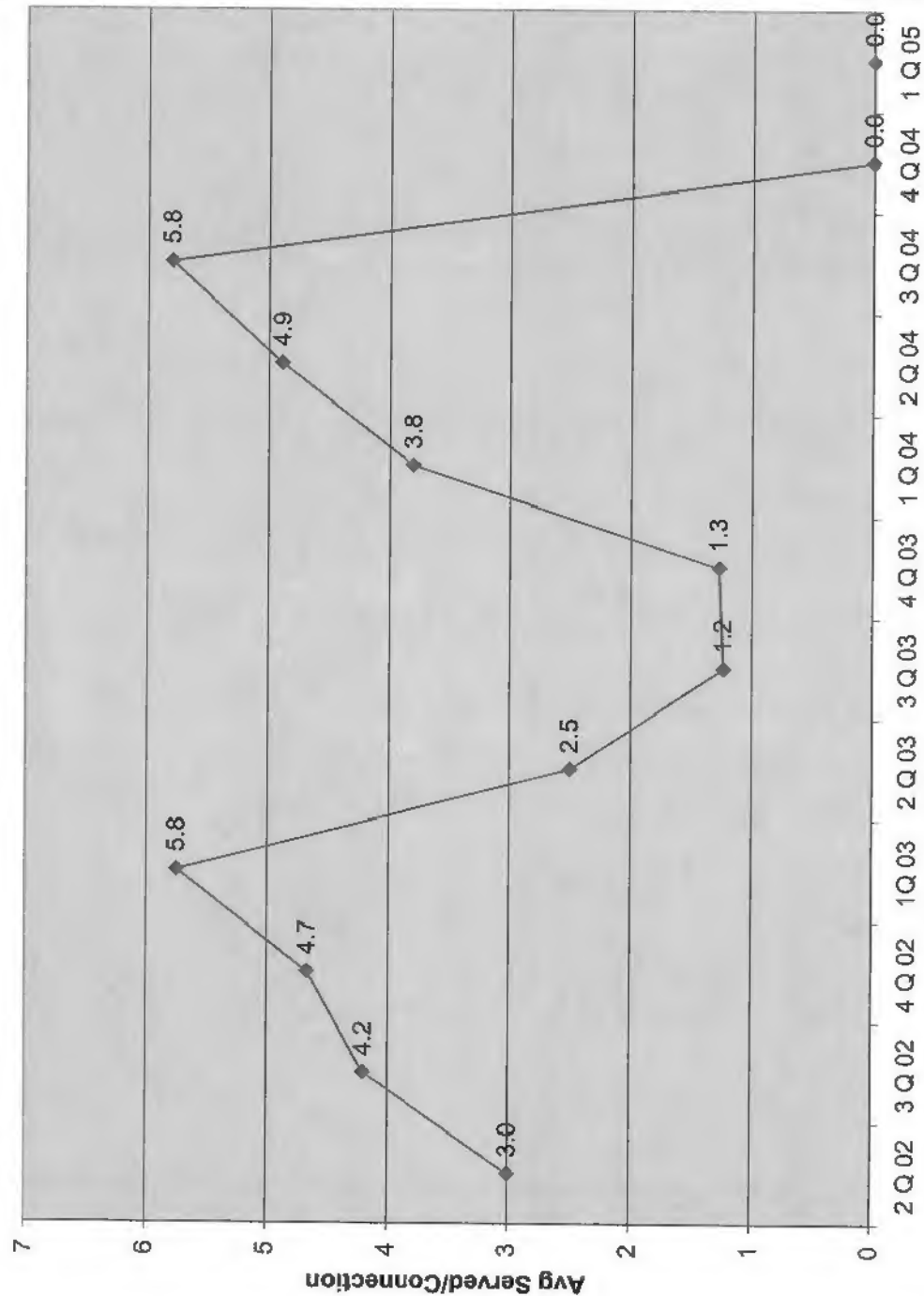
Community Hospital TeleHealth Consortium
Annual Report
4/1/2003—3/31/2005

Average Individuals Served per Connection--Continuing Ed



Community Hospital TeleHealth Consortium
Annual Report
4/1/2003—3/31/2005

Avg Served/Connection--Administrative Uses



Community Hospital TeleHealth Consortium

Annual Report

4/1/2003—3/31/2005

Average Individuals Served Per Demo Connection

